

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>505386</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/12/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MARYSVILLE CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1821 GROVE STREET MARYSVILLE, WA 98270</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0600  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview and record review, the facility failed to ensure one of two residents (#1) reviewed remained free of sexual abuse while residing at the facility. This failed practice resulted in Resident #1's genitals being inappropriately touched by his roommate, Resident #2. This failed practice placed residents at risk for abuse and for diminished quality of life. Additional failed practice included a failure to report the abuse within the statutory timeline of two hours. Findings included . Review of the facility's policy titled, Protection of Residents: Reducing the Threat of Abuse &amp; Neglect, dated 0[DATE]5/19, showed Residents must not be subjected to abuse by anyone to include staff, other residents, consultants, volunteers, staff from other agencies serving our residents, family members, the resident representative, friends, or any other individuals. Review of a facility incident investigation report, for an incident on 04/30/2020, revealed the facility substantiated sexual abuse had occurred when Resident #2 was observed touching Resident #1's genital area, over his clothing, without consent, at 1:30 AM in the morning. Review of a witness statement, dated 04/30/2020, submitted by Staff A, Nursing Assistant, revealed she had observed Resident #2 standing over Resident #1 rubbing his genitals, and Resident #1 was observed to have an erection. Staff A's statement indicated she separated the residents and told Resident #2 to go back to his bed at the opposite side of the room, and Resident #2 stated It was okay. Review of the complaint intake, revealed the incident was not reported until 4:00 AM on 04/30/2020, which was 30 minutes delinquent. RESIDENT #1 The resident admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. According to the quarterly Minimum Data Set (MDS) assessment, dated [DATE]20, he had severe cognitive impairment and required 1-2 person extensive assist with bed mobility, dressing, toilet use and personal hygiene, and he was frequently incontinent of both bowel and bladder. In an observation/interview on 05/08/2020 at 8:51 AM, Resident #1 was observed sitting in a wheelchair, the resident did not respond at all when spoken to, he was deemed not-interviewable. RESIDENT #2 The resident admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. According to the quarterly MDS, dated [DATE], he had no cognitive impairment and required extensive 1-2 person assist with bed mobility, transfers, dressing, toilet use, and personal hygiene. In an observation/interview on 05/08/2020 at 9:20 AM, the resident was sitting in his room in a wheelchair, and he denied any recall of any incidents with Resident #1. Reference: (WAC) 388-97-0640 (1)(2)(b)(5)</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.